

PHM8

COST-MINIMIZATION ANALYSIS OF DARBEPOETIN- α VERSUS EPOETIN- β IN DIALYSED PATIENTS: A LONG-TERM RETROSPECTIVE MONOCENTRIC ITALIAN STUDYEandi M¹, Giotta N², Biamino E², Pradelli L³, Iannazzo S³¹Università di Torino, Turin, Italy, ²Ospedale Civile di Asti, Asti, Italy,³Advanced Research Srl, Turin, Italy

OBJECTIVES: The main aim of this retrospective study was to perform a cost-minimization analysis of long term use of Darbepoetin- α (DARB) after switch from erythropoietin beta (EPO- β) in treating chronic nephropathy-induced anemia in dialysed patients. **METHODS:** We extracted data of 78 patients who have been treated with EPO- β for at least 6 months and then switched to DARB from the database of the dialysis center of the Asti (Piedmont, Italy) hospital. From these, we selected 47 patients (23 males and 24 females) who completed a 120-weeks follow-up treatment with DARB. All patients were treated with a dose adjustment schedule to keep hemoglobin levels in the range 11–12 g/dl. Pre-switch EPO- β administration was thrice a week, while DARB was administered once a week, both via intravenous. Initial DARB dose has been calculated on the basis of the theoretical 200:1 conversion factor. Drug costs were valued according to current (October 2006) purchasing prices for the Italian National Health System. **RESULTS:** The average actual conversion factor from EPO- β to DARB at the end of 120 weeks of follow-up resulted 280:1. The initial DARB dose, chosen on the basis of the recommended conversion factor, induced an excessive erythropoietic response, which was generally followed by a gradual dose reduction. In the 24 pre-switch weeks the average cost (\pm SD) per patient for EPO- β was 2309.86 (1434.78) Euro. In the 120 weeks of follow-up the average cost (\pm SD) per patient for DARB/24 weeks ranged from a minimum of 1487.09 (1125.51) Euro to a maximum of 2125.73 (1546.85) Euro. The switch of 47 patients to DARB produced an overall net saving for the dialysis center estimated in 119,540.72 Euro/120 weeks. **CONCLUSION:** The conversion from EPO- β to DARB has the potential to maintain good haemoglobin control also in the long term and induces significant savings for the National Health System.

PHM9

COST OF ILLNESS OF DIFFUSE LARGE B-CELL LYMPHOMA IN RUSSIAKrysanov I¹, Magomedova A², Moiseeva TN², Yagudina RI¹, Khabriev RU¹¹Moscow Medical Academy, Moscow, Russia, ²Hematological Scientific Center of the Russian Academy of Medical Sciences, Moscow, Russia

OBJECTIVES: to assess annual resource use and cost on diffuse large B-cell lymphoma (DLBCL) treatment by CHOP (Cytosine, Hydroxyrubicin (Adriamycin), Oncovin (Vincristine), Prednisone.), R-CHOP (Rituximab, Cytosine, Hydroxyrubicin (Adriamycin), Oncovin (Vincristine), Prednisone.), modified NHL-BFM-90 (prednisone, dexamethasone, vincristine, daunorubicin, doxorubicin, L-asparaginase, cyclophosphamide, cytarabine, methotrexate, 6-mercaptopurine, 6-thioguanine) courses. **METHODS:** Cost of illness analysis was performed. Direct medical costs (cost of drug administration, resource utilization, duration of hospitalization) were estimated. DLBCL absolute prevalence was 2084 patients in 2004 in Russia. We choose 120 patients with DLBCL to estimate distribution of chemotherapy courses. Unit costs were based on detailed data from the Moscow Medical Sechenov Academy. **RESULTS:** Cost of drug administration for one patient with DLBCL received CHOP were 30,576 RUB, R-CHOP—646,278 RUB and iNHL- BFM—90—708,911

RUB*. Cost of diagnostic DLBCL was the same for all patients (54,339 RUB). Chemotherapy courses distribution for patients was CHOP—54%, R-CHOP—17%, iNHL- BFM-90—29%. **CONCLUSION:** The annual cost burden for newly diagnosed patients with DLBCL was 803 million rubles. *—The rate of exchange was 34.77 rubles for 1 EUR.

PHM10

COST OF TRANSFUSION-DEPENDENT MYELODYSPLASTIC SYNDROMES (MDS) IN GERMANYKuehne FC¹, Mittendorf T¹, Voelkl M², Lipp R³, Germing U⁴, Vioni-Niemeyer A², Von der Schulenburg JM¹¹Leibniz University Hannover, Hannover, Germany, ²Celgene GmbH,Munich, Germany, ³Innovation Onkologie Research&Consulting(IORC) GmbH, Hamburg, Germany, ⁴University of Düsseldorf, Düsseldorf, Germany

OBJECTIVES: Only few studies assess the health economic burden of myelodysplastic syndromes (MDS). In Germany no such cost study has been conducted. The annual incidence peaks at 20–30 in 100,000 in persons over 70 years of age. Treatment of MDS and its side effects as well as MDS-related co-morbidities lead to intensive resource use, which increases with duration and severity of illness. The objective of this study is to assess and analyse costs of transfusion-dependent low/intermediate-1 risk MDS in Germany from a payers' perspective. **METHODS:** One hundred low/intermediate-1 risk transfusion-dependent MDS patients [non del(5q) and del(5q)] from 10 outpatient facilities and 20 low/intermediate-1 risk transfusion-dependent del(5q) MDS patients from a hospital-based MDS registry were identified. Claims data and patient records of the previous five years are used to collect health care utilization data of these patients retrospectively. Publicly available tariff books and remuneration schemes are applied to evaluate mean costs per year in 2006 EUROS. **RESULTS:** The intermediate cohort analysis showed no significant differences in the cohort characteristics between the two groups [non-del(5q) and del(5q)] except in the number of co-morbidities (0% vs. 45% with more than 3 co-morbidities, respectively). Yearly costs of outpatient services are significantly higher in the non-del(5q) group (€1805 vs. €956 in del(5q) patients), the yearly costs for inpatient services, medication and transfusions are significantly higher in the del(5q) patient group vs. the non-del(5q) group. Mean costs are €4,345 vs. €986, 12,834 vs. €3,556, and €3,224 vs. €1,054, respectively. In total, treatment costs of del(5q) patients amount to €21,367 compared to €7,413 for non-del(5q) patients. Both groups show that the main cost driver is medication. Specific subgroup analyses will be presented. **CONCLUSION:** MDS leads to a high health care utilization and resulting costs. Del(5q) patients significantly use more health care resources, though less outpatient care, than the comparator group.

PHM11

COST UTILITY OF KNEE SURGERY WITH RECOMBINANT ACTIVATED FACTOR VII (RFVIIa) IN HEMOPHILIA PATIENTS WITH INHIBITORS: AN EXPLORATORY MODELBotteman MF¹, Ballal R², Joshi AV³¹PharMerit North America LLC, Bethesda, MD, USA, ²Georgetown University, Washington, DC, USA, ³Novo Nordisk Inc, Princeton, NJ, USA

OBJECTIVES: The availability of rFVIIa has improved the feasibility of orthopedic surgery in hemophiliacs with high titer inhibitors and hemophilic arthropathy, leading to reductions in bleeding episodes and improvements in pain, function and mobility, and quality of life. This analysis explored the cost utility of